



**APPLICATION FOR REGULATED EXPLOSIVE USE
BLASTER LICENSE (675 IAC 26-2-4)**

State Form 52488 (R / 3-06)
Approved by State Board of Accounts, 2006

INDIANA DEPARTMENT OF HOMELAND SECURITY

Registration and Certification
302 West Washington Street, E239
Indianapolis, IN 46204

Telephone: (800)666-7784 or (317) 233-0208
www.in.gov/dhs/training/certregsection.html

An applicant for licensure as a licensed regulated explosive use-blaster shall submit evidence to the Department of Homeland Security that the individual has completed an approved examination or is applying for reciprocity, is twenty-one (21) years of age, has submitted the required fee and has at least one (1) year of experience in the proper use of regulated explosives. **Fee-\$175.00**

- ☐ I am applying for certification and will be taking the **examination**.
- ☐ I am applying for certification on the basis of **reciprocity** in accordance with 675 IAC 26-2-4.

Attached is an original licensure document from another state or federal agency evidencing licensure under requirements that are substantially similar to the requirements of the rules of the Fire Prevention and Building Safety Commission. For purposes of reciprocity, licensure or certification by the states of Illinois, Kentucky and Ohio is deemed substantially similar.

Please Print

Last 4 digits of S.S.# _____

Applicant Name: _____ Telephone Number _____

Last First Middle Initial

Address: _____ Fax: _____

Street City State ZIP Code

E-mail: _____

Drivers License/State ID Number Required: _____

- ☐ I am 21 years of age or older.
- ☐ I have at least one (1) year experience in the proper use of explosives.

I hereby affirm under penalty of perjury that all of the information provided with this application is true and correct:

Signature: _____ Date: _____

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CREDIT CARD PAYMENT

Payment of the fee shall be by credit card, check or money order payable to the Indiana Department of Homeland Security and must accompany this application. If paying by credit card, please fill out the form below and mail it to the above address or fax it to 317/233-0497.

The application must include payment of the license fee of **\$175.00**.

Full Name on Credit Card: _____	
Billing Address	Street: _____
	City: _____ State _____ ZIP Code _____
	Phone Number: _____
Credit Card (<i>check one</i>): <input type="checkbox"/> <i>Visa</i> <input type="checkbox"/> <i>MasterCard</i>	
Account Number: _____ Expiration Date (<i>month/year</i>): _____ / _____	
CVV2 Number (<i>last 3 digits of the number in the signature block on the back of the card</i>): _____	
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.	_____ Signature